

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
HONOLULU, HAWAII

June 2, 1971

MEMORANDUM - 1970-38

TO: Heads of Departments and Agencies
FROM: KeNam Kim, Comptroller
SUBJECT: Revised Instructions for Completing SAForm D-60

Attached are the revised Instructions for Completing SALARY ASSIGNMENT/CANCELLATION, STATE ACCOUNTING FORM D-60. These instructions are written in the format for inclusion in the Accounting Manual, Volume III, which has not yet been distributed; however, these instructions are effective immediately.

On the first page of the instructions, page 742.01, the fourth paragraph is lined-out and noted as N/A (not applicable). The schedule in the lined-out paragraph under "Distribution" is not applicable for the current payroll system; it will become effective only when the revised payroll system is implemented. The appropriate distribution schedule for the current payroll system is reflected in the paragraph immediately following the lined-out paragraph.

Any questions regarding the revised instructions should be directed to Central Payroll at 548-3091 or 548-3094.


KENAM KIM
Comptroller

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SECTION 742: INSTRUCTIONS FOR COMPLETING SALARY ASSIGNMENT/CANCELLATION,
STATE ACCOUNTING FORM D-60

Purpose:

The SALARY ASSIGNMENT/CANCELLATION, SAForm D-60 is used for reporting net salary and voluntary deduction assignments and for changing or cancelling previously reported assignments of the following types:

1. Annuity Plan Premium
2. Additional Retirement or Retroactive FICA
3. Net Salary Assignment
4. Cottage Rental
5. Federal Credit Union
6. Employee Organization
7. Hawaiian Home Lands
8. State Medical Plan
9. Parking Fee
10. Community Fund Donation
11. U. of H. Foundation Donation

Prepared By:

The employee with the assistance of the appropriate office within the employing department or with the assistance of the agent (assignee).

Frequency:

Daily as required.

Distribution:

NA ~~Forms may be submitted to Central Payroll on a daily basis, but no later than 4:30 p.m. of the 7th work day of either pay period in a month if they are to be reflected in that pay period.~~

Forms for new or revised assignments must be submitted to Central Payroll by 4:00 p.m. of the 1st work day of the month, if they are to be reflected in the payrolls for that month. Forms for assignment cancellations must be submitted to Central Payroll by 4:00 p.m. of the 3rd work day of either pay period in a month if they are to be reflected in that pay period.

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Distribution (cont'd.)

If completed at employing department

- Copy #1 - To Central Payroll (after agent, if required); to data processing center; to Central Payroll for verification and control filing.
- Copy #2 - To agent for reference filing.
- Copy #3 - Retained by department for payroll verification and filing into employee's personnel jacket.
- Copy #4 - Retained by department, and routed to employee for personal record.

If completed at agent's office

- Copy #1 - To Central Payroll; to data processing center; to Central Payroll for verification and control filing.
- Copy #2 - Retained by the agent for reference filing.
- Copy #3 - To Central Payroll; to employing department for payroll verification and for filing into employee's personnel jacket.
- Copy #4 - To Central Payroll; to employing department for payroll verification; to employee for personal record.

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SECTION 742: INSTRUCTIONS FOR COMPLETING SALARY ASSIGNMENT/CANCELLATION,
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Item No.	Type of Information	Detailed Instructions
①	DEPARTMENT	Enter the title of the department in which the employee is employed.
②	SUB-DIVISION OR SCHOOL	Enter the title of the subdivision or school in which the employee is employed.
③	FORM NO.	Form number to be assigned by data processing center.
④	SOCIAL SECURITY NO.	Enter employee's social security number.
⑤	LAST NAME, FIRST NAME MIDDLE INITIAL	Enter employee's name in the following sequence: Last name, first name, middle initial. The name must be identical with the name reflected on the Employee's Earnings, Deductions and Leave Statement. A comma must be placed between the last name and the first name; do not use a comma elsewhere in the name.
⑥	TYPE	Enter the assignment type code. AP = Annuity Plan Premium AR = Additional Retirement or Retroactive FICA BA = Net Salary Assignment CR = Cottage Rental CU = Federal Credit Union EO = Employee Organization HH = Hawaiian Home Lands MD = State Medical Plan PK = Parking Fee UF = Community Fund Donation UH = U. of H. Foundation Donation
⑦	AGENT	Enter the code assigned to the agent (assignee) who is to receive the assignment. 1. Refer to the AGENT NAME AND ADDRESS LIST for the applicable code.

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Item No.	Type of Information	Detailed Instructions
7	AGENT (cont'd.)	2. If the agent is not established on the AGENT NAME AND ADDRESS LIST, leave the "agent" field blank. Central Payroll will assign an agent code when the form is received.
8	PLAN	To be used by the agent (assignee) on an optional basis. However, a plan code may be used only if it has been properly authorized. Request for the addition of a new plan code by the agent must be submitted to the State Comptroller. Refer to TABLE II, AUTHORIZED PLAN CODES, for a list of valid plan codes.
9	I. D. NO.	To be used by the agent (assignee) on an optional basis. For net salary assignments to banks, enter the employee's account number as assigned by the banks. The I.D. NO. must be limited to eight characters. There are no other restrictions for the use of this field.
10	DEPT	Enter the one character alpha code of the department in which the employee is employed. Refer to TABLE I, LIST OF DEPARTMENTS, for the codes assigned to the departments.
11	THE UNDERSIGNED HEREBY: <input type="checkbox"/> ASSIGNS or <input type="checkbox"/> CANCELS	Enter an "X" in the appropriate box.
12	<input type="checkbox"/> THE SUM OF...	Enter an "X" in this box if a fixed dollar amount is to be deducted. Then, enter the dollar amount that is to be deducted for the first month and the dollar amount that is to be deducted for subsequent months in the appropriate spaces. If the dollar amount to be deducted for the first month and for subsequent months are the same, indicate the amount only on this first line.

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Item No.	Type of Information	Detailed Instructions
(12)	<input type="checkbox"/> THE SUM OF... (cont'd.)	<p>If TYPE in Item (6) is BA (Net Salary Assignment) a fixed dollar amount cannot be deducted.</p> <p>Example: \$50.00 The first month and \$75.00 thereafter</p>
(13)	<input type="checkbox"/> PERCENT EACH MONTH	<p>Enter an "X" in this box if a percentage of the gross pay is to be deducted. Then, enter the percentage, to two decimal places, in the appropriate space. If TYPE in Item (6) is BA (Net Salary Assignment) a percentage must not be used.</p> <p>Example: A 25 percent deduction will be recorded as 25.00 %</p>
(14)	<input type="checkbox"/> MY NET WAGES	<p>Enter an "X" in this box if the employee's net wages (salary) are to be assigned. If net wages are assigned, the TYPE field in Item (6) must contain the code, BA, indicating a net wages (salary) assignment.</p>
(15)	BEGINNING AS OF ____/____/____ month day year	<p>Enter the date when the assignment or cancellation is to take effect.</p> <p>For Assignment: Deduction will begin in the payroll period recorded. Thus, any date recorded from the 1st to 15th of a month will indicate that the deduction is to begin in the first half payroll period of the month. Any date recorded from the 16th to 30th (31st) of a month will indicate that the deduction is to begin in the second half payroll period of the month.</p> <p>For Cancellation: Deduction will terminate in the payroll period recorded. Thus, any date recorded from the 1st to 15th of a month will</p>

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Item No.	Type of Information	Detailed Instructions
15	BEGINNING AS OF / / month day year (cont'd.)	indicate that the deduction will not be taken in the first half payroll period of the month.
16	ENDING AS OF / / month day year	Enter the date when the termination of the assignment is to take effect. Any date recorded from the 1st to 15th of a month will indicate that no deduction is to be taken in the first half payroll period of the month.
17	WHEN MY COMMITMENT OF \$ _____ IS PAID FOR	Enter the total dollar amount, accumulation of which will terminate the assignment. "BA" assignments cannot be terminated by this means.
18	UPON RECEIPT OF MY ASSIGNMENT CANCELLATION	If Item (16) (the final assignment date) or Item (17) (the commitment amount) is left blank, then the assignment will continue until an assignment cancellation is submitted.
19	FOR AGENCY USE	This area is to be used only by the agent, as required.
20		The date and signature of the employee.
21		Enter the agent's name, address, and zip code. The date and signature of the agent (assignee) are required only for the following types of assignments: <ol style="list-style-type: none"> 1. Annuity Plan Premium 2. Additional Retirement or Retroactive FICA 3. Cottage Rental 4. Federal Credit Union 5. Hawaiian Home Lands 6. State Medical Plan 7. Parking Fee

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SECTION 742: INSTRUCTIONS FOR COMPLETING SALARY ASSIGNMENT/CANCELLATION,
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TABLE I: LIST OF DEPARTMENTS

<u>Code</u>	<u>Department</u>
A	Agriculture
B	Planning and Economic Development
C	Land and Natural Resources
D	Transportation
E	Education
F	University of Hawaii
G	Defense
H	Health
I	Hawaiian Home Lands
J	Judiciary
K	Social Services and Housing
L	Labor and Industrial Relations
M	Accounting and General Services
N	Attorney General
O	Budget and Finance
P	Personnel Services
Q	Governor
R	Regulatory Agencies
S	Lieutenant Governor
T	Taxation
U	City and County of Honolulu
V	County of Maui
W	County of Hawaii
X	County of Kauai
Y	Legislature
Z	Other Governmental and Private Agencies

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TABLE II: AUTHORIZED PLAN CODES

<u>Assignment Type</u>	<u>Plan Codes</u>
Medical Plan (MD)	**A = Kaiser, self only **B = Kaiser, self & family **C = HMSA, self only **D = HMSA, self & family
Additional Retirement or Retroactive FICA (AR)	003 = Additional Retirement 004 = Retroactive FICA
Net Salary Assignment (BA)	**S = Savings Account **C = Checking Account
Parking Fee (PK) for DAGS Parking Control, only	Various; no restrictions for parking plan codes

* Each asterisk represents a blank in the position.

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**SECTION 743: SAMPLE FORMS FOR SALARY ASSIGNMENT/CANCELLATION,
STATE ACCOUNTING FORM D-60**

EXHIBIT A: SAMPLE FORM KEYED TO INSTRUCTIONS FOR SAForm D-60

STATE OF HAWAII				SALARY ASSIGNMENT/CANCELLATION					
DEPARTMENT				SUB-DIVISION OR SCHOOL					
1	2	3	4	5	6	7	8	9	10
FORM NO. 3-14	SOCIAL SECURITY NO.	LAST NAME, FIRST NAME, MIDDLE INITIAL			TYPE	AGENT	PLAN	I.D. NO.	DEPT.
11	12	13	14	15	16	17	18	19	20
THE UNDERSIGNED HEREBY: <input type="checkbox"/> ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR <input type="checkbox"/> CANCELS				FOR AGENCY USE					
(CHECK ONE BOX ONLY)									
<input type="checkbox"/> THE SUM OF \$ THE FIRST BEGINNING AS OF				DEDUCTION				AMOUNT	
MONTH AND \$ THEREAFTER				MONTH DAY YEAR				DUES	
<input type="checkbox"/> PERCENT EACH MONTH %				ENDING AS OF				LIFE INS.	
				MONTH DAY YEAR				INC. PROT.	
<input type="checkbox"/> MY NET WAGES				WHEN MY COMMITMENT OF \$ IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION				CR. UNION	
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION.				TYPE AGENT'S NAME, ADDRESS, AND ZIP CODE HERE				TOTAL	
DATE EMPLOYEE OR AUTHORIZED SIGNATURE				DATE AUTHORIZED SIGNATURE OF ASSIGNEE					
20				21					

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-60
JULY 1, 1970 (REVISED)

INFORMATION TO USERS OF FORM:

- For employees on the State payroll, the Social Security Number must be identical to the SS-No. of your latest EMPLOYEE'S EARNINGS, DEDUCTIONS, AND LEAVE STATEMENT. For new employees the Social Security Number must be identical to the SS-No. on your appointing SF-5. (The use of an incorrect SS-No. will make null and void this assignment).
- The STATE ACCOUNTING FORM D-60 must be reported to Central Payroll, DAGS by the first (1st) work day of the month to be included as a deduction for that month.
- For cancellation requests, STATE ACCOUNTING FORM D-60 must be received by Central Payroll, DAGS by the third (3rd) work day of the pay period to be effective for that pay period.
- APPLICABLE TO STATE DEPARTMENTS, AGENCIES, AND ASSIGNEES. If this assignment request is made to a new agent (bank, financial institution, or an individual) who is not on our present tabulated LISTING OF AGENTS, and the assignee is without an assigned three digit agent code, the employing department, agency, or assignee shall request for the type and agent code by giving the AGENT'S NAME, ADDRESS, AND ZIP CODE to Central Payroll by telephone or by other convenient means of communication.
- This assignment supersedes (replaces) all previous assignments made to the same agent or for the same type of assignment.
- Employee organizations are the only type of assignment where assignments to more than one agent are allowed. (UPW, HEA, HFT, HGEA, etc.)
- This assignment will be automatically cancelled upon receipt of a terminating SF-5 series.
- Requests for assignment or cancellation of assignment from the payroll will be effective only upon a signed approval of the ASSIGNEE (agent) for the following type of assignments:
AR - Additional Retirement CU - Credit Union MD - Medical Plan
CR - Cottage Rental HH - Hawaiian Home Lands PK - Parking Fee
- Requests for assignment or cancellation of assignment from the payroll for assignees other than that listed in Item 8 above, will be effective only upon a signed approval by the EMPLOYEE or an authorized department representative.
- The employee, when assigning a portion of this compensation for payroll deduction, authorizes the agent to increase or decrease the amount of deduction to that of any amount determined by the agent as necessary to cover any uniform increase or decrease of dues, insurance premiums, or other payments. If the initial month's payment cannot be processed in time for this pay period, the employee authorizes the assignee to make the necessary change to the amount indicated to cover any payments due from the effective date. Any mass changes in rate affecting employee on LWOP will be reflected on the employee's record).
- When a SF-5 is processed for an employee going on LWOP, it will stop his payroll deduction and upon his return to work, a SF-5 will activate his original deduction. Voluntary cash payment is necessary, if an employee on LWOP wishes to be covered under the Health Plan or to continue his payment with any other organization or assignee.

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SECTION 743: SAMPLE FORMS FOR SALARY ASSIGNMENT/CANCELLATION,
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EXHIBIT B: FILLED OUT SAMPLES OF SAForm D-60

STATE OF HAWAII				SALARY ASSIGNMENT/CANCELLATION			
DEPARTMENT				SUB-DIVISION OR SCHOOL			
ACCOUNTING & GENERAL SERVICES				UNIFORM ACCOUNTING & REPORTING BRANCH			
FORM NO. 1-4	SOCIAL SECURITY NO. 5-14	LAST NAME, FIRST NAME, MIDDLE INITIAL 15-36		TYPE 37-38	AGENT 39-41	PLAN 42-44	I.D. NO. 45-52
	575 32 5917	DOE, JOHN E.		BA	240	C	DEPT. 53 M
THE UNDERSIGNED HEREBY: <input checked="" type="checkbox"/> ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR <input type="checkbox"/> CANCELS (CHECK ONE BOX ONLY)				FOR AGENCY USE			
<input type="checkbox"/> THE SUM OF \$ THE FIRST • BEGINNING AS OF 06 / 15 / 71 MONTH AND \$ THEREAFTER MONTH DAY YEAR				DEDUCTION AMOUNT			
<input type="checkbox"/> PERCENT EACH MONTH % • ENDING AS OF / / MONTH DAY YEAR				DUES			
<input checked="" type="checkbox"/> MY NET WAGES • WHEN MY COMMITMENT OF \$ IS PAID OR • UPON RECEIPT OF MY ASSIGNMENT CANCELLATION				LIFE INS.			
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION.				INC. PROT.			
TYPE AGENT'S NAME, ADDRESS, AND ZIP CODE HERE				CR. UNION			
05/25/71 <i>John E. Doe</i> DATE EMPLOYEE OR AUTHORIZED SIGNATURE				05/25/71 <i>Mary K. Smith</i> DATE AUTHORIZED SIGNATURE OF ASSIGNEE			
STATE COMPTROLLER (CENTRAL PAYROLL)				TOTAL			
STATE ACCOUNTING FORM D-60 JULY 1, 1970 (REVISED)							

STATE OF HAWAII				SALARY ASSIGNMENT/CANCELLATION			
DEPARTMENT				SUB-DIVISION OR SCHOOL			
ACCOUNTING & GENERAL SERVICES				UNIFORM ACCOUNTING & REPORTING BRANCH			
FORM NO. 1-4	SOCIAL SECURITY NO. 5-14	LAST NAME, FIRST NAME, MIDDLE INITIAL 15-36		TYPE 37-38	AGENT 39-41	PLAN 42-44	I.D. NO. 45-52
	575 32 5917	DOE, JOHN E.		MD	701	D	DEPT. 53 M
THE UNDERSIGNED HEREBY: <input checked="" type="checkbox"/> ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR <input type="checkbox"/> CANCELS (CHECK ONE BOX ONLY)				FOR AGENCY USE			
<input checked="" type="checkbox"/> THE SUM OF \$ 17.14 THE FIRST • BEGINNING AS OF 06 / 15 / 71 MONTH AND \$ THEREAFTER MONTH DAY YEAR				DEDUCTION AMOUNT			
<input type="checkbox"/> PERCENT EACH MONTH % • ENDING AS OF / / MONTH DAY YEAR				DUES			
<input type="checkbox"/> MY NET WAGES • WHEN MY COMMITMENT OF \$ IS PAID OR • UPON RECEIPT OF MY ASSIGNMENT CANCELLATION				LIFE INS.			
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION.				INC. PROT.			
TYPE AGENT'S NAME, ADDRESS, AND ZIP CODE HERE				CR. UNION			
05/28/71 <i>John E. Doe</i> DATE EMPLOYEE OR AUTHORIZED SIGNATURE				05/29/71 <i>Mary K. Smith</i> DATE AUTHORIZED SIGNATURE OF ASSIGNEE			
STATE COMPTROLLER (CENTRAL PAYROLL)				TOTAL			
STATE ACCOUNTING FORM D-60 JULY 1, 1970 (REVISED)							

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